



CONFIDENTIAL ANALYSIS

FAX to: **303.663.0197** (or 303.374.6077)

For a **FREE ANALYSIS** please enter promo code: _____

Credit Card Receivable Funding

Legal Company Name _____ Date _____

DBA Name (if applicable) _____ County _____

Address _____ City _____ State _____ ZIP _____

Contact _____ Title _____ Phone _____

E-Mail Address _____ Web Site _____ Fax _____

Accountant Name _____ E-Mail _____ Phone _____

Structure: Corporation or S-Corp Partnership LLC Non-Profit

Sole Proprietorship Government LLP Tax Exempt

Date of Incorporation _____ State of Incorporation _____ Tax ID _____

Business description (product or service) _____ Length of Ownership _____

Owners/Officers (Please provide a minimum of 51% Ownership and **all** partners for Partnerships.)

To help the government fight the funding of terrorism and illegal laundering activities, Federal law requires financial institutions to obtain, verify and record information that identifies each business entity that opens an account. The below information is requested to comply with these requirements.

Name _____ % of Ownership _____

Title _____ Prior Bankruptcy? (Y/N) _____

Home Address _____ City _____ State _____ ZIP _____

Time at Residence _____ Home Phone _____

Driver's License# _____ Date of Birth _____ SSN _____

Name _____ % of Ownership _____

Title _____ Prior Bankruptcy? (Y/N) _____

Home Address _____ City _____ State _____ ZIP _____

Time at Residence _____ Home Phone _____

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Title _____ Prior Bankruptcy? (Y/N) _____

Home Address _____ City _____ State _____ ZIP _____

Time at Residence _____ Home Phone _____

Driver's License# _____ Date of Birth _____ SSN _____

Business Property Information Own Rent Sq Footage _____ Time at Location _____
 Monthly Mortgage/Rent \$ _____ Current? _____ Num Missed Pymts _____
 Landlord/Mortgage Co. _____ Contact _____ Phone _____

Credit Card Acceptance Information

Name of POS (if any) _____ Num of Terminals _____
 Name of Credit Card Processor _____

Average Monthly Sales Information

\$ _____ Visa/MasterCard \$ _____ Amex \$ _____ Cash/Check \$ _____ Gross Sales
 \$ _____ Other (please explain) _____

Desired Amount of Funding: \$ _____ minimum - \$ _____ maximum

Funding Needed For: _____

Business Status Information

Does the Company, it's affiliates, or it's Principals have any of the following (please check all that apply):

- Judgments/Pending Judgments (attach details) Lawsuits/Pending Lawsuits (attach details)
- Liens/Pending Liens (attach details) Bankruptcy/Pending Bankruptcy (attach details)
- UCC Filings/Pending UCC Filings (attach details) Pending Changes in Equity/Ownership (attach details)
- Currently Paying a Business Cash Advance? Name of Provider _____ Balance \$ _____

Business References

Contact	Phone	Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal References

Contact	Phone
_____	_____
_____	_____
_____	_____

INCLUDE DOCUMENTS: *Copy of all owner(s) Driver's License(s) (enlarge to at least 250%).
 Voided check from the business bank account. Bank Branch Phone# _____
 Copy of last month's credit card processing statement.*

The above information is complete and accurate to the best of my knowledge and is provided to CapSource Funding, LLC for the purposes of analysis/consultation and search for a funding source(s) interested in purchasing the aforementioned promissory paper. I acknowledge that further documentation may be requested in pursuit of the transaction by either CapSource Funding, LLC or directly from the funding source(s). I further acknowledge that CapSource Funding, LLC is not a buyer or credit provider, therefore, credit worthiness is determined by the funding source(s). However the information above will be provided to the funding source(s) in order for them to make such a determination.

Name: _____ **Title:** _____
Signature: _____ **Date:** _____

CAPSOURCE FUNDING USE ONLY			
CCFC	Contact Information	Date	Initials